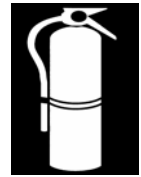




Fire Extinguisher Program
APPLICATION
Concern License/Status Change



OSFM USE ONLY
ROC # _____
PCA 59421
CDF Source Code 125700.11

Print or type: illegible or incomplete applications will delay processing time.

- | | |
|--|---|
| <input type="checkbox"/> New Application "Retail" Concern (\$625.00 fee) | <input type="checkbox"/> Adding Partner |
| <input type="checkbox"/> Ownership Change (\$625.00 fee) | <input type="checkbox"/> Deleting Partner |
| <input type="checkbox"/> Location Change (\$125.00 fee) | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Upgrade | |

New Concern License Name: _____
(Company names must be approved by our office prior to licensing)

Previous Concern Name: _____ E#: _____
(Required if applying for name change)

Current Physical Address: _____

Current Mailing Address: _____

Owner/Contact Person: _____

Daytime Telephone: _____ Evening Telephone: _____

Indicate type(s) applying for: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F (see attachment "A" for definition)

- ☐ Retail - A "Retail" licensed Fire Extinguisher Company shall be qualified and have the capability as specified by section 595.5 (a) to perform any or all the services listed per Type A (Class B, C, D, E and F), Type B, Type C, Type D, Type E and Type F as determined and authorized by the State Fire Marshal. (Refer to page 2 for definitions types)

FOR OFFICIAL USE ONLY

Total Due: \$ _____ FE Coordinator: _____ Date: _____

Inspection assigned to: _____ Inspection Date: _____

CDF#: _____ Recommend: ☐ Issue ☐ Denied

OSFM FE PROGRAM

PLEASE READ CAREFULLY: The following documentation is required with ALL application. Missing documentation will result in the delay of processing your submitted information

1. ☐ Describe method used to hydrostatic test low-pressure non-D.O.T. specification fire extinguisher cylinders. (All licensees must possess the proper tools and equipment to perform this service).

2. ☐ Applications for Type B,C,D, and/or F license classifications must provide a reciprocal agreement letter for high pressure hydrostatic testing from a TYPE A or E licensed company: include their retail concern number and license classification type. Attach letter to this application. Any changes to letters of agreement shall be reported to the State Fire Marshal within 15 days of the change. Per section 595.5 (a) 2, 3, 4, 5 and 6; for fire extinguisher cylinders manufactured to D.O.T. specifications.
3. ☐ Application for a Type A or E license classification; attach a copy of current D.O.T. certification with this application along with D.O.T. Retester identification number (RIN).
4. ☐ Application for Type A or F must attach a copy of the GETZ Certificate that bears the company name.
5. ☐ Attach a copy of your Certificate of Liability Insurance certificate. Proof of bodily injury/property damage insurance must be provided prior to issuance of licensing per section 595.13.
6. ☐ Attach a copy of your local business license. The business license must reflect the current physical location of business. If you are not required to obtain a license for business in your city/county, please enclose a letter stating from them that it is not required.
7. ☐ Attach a copy of your Sellers Permit issued to your company by the Board of Equalization.
8. ☐ Provide a list of employees (with each application), including you, their EE number and types of services performed. Attach additional sheets as necessary.

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Instructions for signing:

I certify that I am familiar with the statutes contained in the California Health and Safety Code and the regulations contained in Title 19, California Health and Safety Code and the regulations contained in Title 19, California Code of Regulations, relating to portable fire extinguishers; that all statements made by me on this application are to the best of my knowledge true and correct.

I hereby authorize the State Fire Marshal and any of his properly authorized employees at any time to enter, examine, inspect any premises, building, room or establishment used in servicing, charging or testing portable fire extinguishers to determine compliance with the provisions on state law and the regulations and standards adopted by the State Fire Marshal.

Sole Ownership:

Print Name _____ Signature _____ Date _____

Partnership: ☐ New ☐ Add ☐ Delete

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Corporation (Application shall bear the Seal of Corporation or a copy of the Article of Incorporation):

President

Print Name _____ Signature _____ Date _____

Vice President

Print Name _____ Signature _____ Date _____

General Manager

Print Name _____ Signature _____ Date _____

Secretary

Print Name _____ Signature _____ Date _____

Treasurer

Print Name _____ Signature _____ Date _____

If application is for ownership change, or adding/deleting partner, the printed name and signature of the previous individual owner, partners, or corporate officers certifying release of interest, must appear below.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Submit application completed in its entirety to:

CDF/State Fire Marshal

Cashiers Unit/Fire Extinguisher Program
PO BOX 944246
Sacramento CA 94244-2460
Office: (916) 445-8376
Fax: (916) 445-8458

ATTACHMENT "A"

****Please Note: Licensees must possess ALL necessary service manuals, tools, parts and equipment to perform the necessary tests and service that they are licensed for. Please refer to attached supply list**

- Type A The classification of license (595.5 (a) (1)) to service, recharge, inspect, and conduct hydrostatic tests on any or all type of extinguishers. Includes all service and tests permitted for B, C, D, E and F licenses. This includes halogenated agent fire extinguishers six-year tear down, hydrostatic tests of high-pressure fire extinguisher cylinders as well as being a D.O.T. approved cylinder requalification facility for testing D.O.T. low-pressure fire extinguisher specification cylinders. An "A" license must possess all necessary service manuals, tools, parts and equipment to perform necessary tests and service.
- Type B The classification of license (595.5 (a) (2)) to perform maintenance and recharging of water based fire extinguishers and external maintenance of carbon dioxide fire extinguishers.
- Type C The classification of license (595.5 (a) (3)) to conduct hydrostatic tests of low-pressure fire extinguisher cylinders. A fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder requalification facility if D.O.T. specification cylinders are tested.
- Type D The classification of license (595.5 (a) (4)) to perform maintenance and recharging of dry chemical, dry powder and external maintenance of halogenated agent fire extinguishers. Note: in order to weigh and tag a halogenated extinguisher, you must obtain a reciprocal letter from a company with a Halon Recovery Machine.
- Type E The classification of license (595.5 (a) (5)) to conduct hydrostatic tests of high pressure fire extinguisher cylinders, and perform internal maintenance and recharging of carbon dioxide fire extinguishers. A Fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder requalification facility.
- Type F The classification of license (595.5 (a) (6)) to perform internal maintenance recharge and recover halogenated agents from portable fire extinguishers. A fire extinguisher concern possessing this license shall have a listed Halon 1211 closed recovery system.

**California State Fire Marshal
FIRE ENGINEERING DIVISION
PUBLICATION ORDER FORM**

Name: _____

Company: _____

Address: _____

City/State/Zip: _____



ITEMS REQUESTED	QUANTITY	PRICE	TOTAL
BML PROGRAM-All Items (Computer Printouts)		\$ 50.00	
BML PROGRAM-Smoke Detectors Only (Computer Printouts)		\$ 10.00	
PORTABLE FIRE EXTINGUISHERS-All Licensed Companies		\$ 10.00	
PORTABLE FIRE EXTINGUISHERS-All Licensed Servicepersons		\$ 10.00	
AUTOMATIC EXTINGUISHING SYSTEMS-All Licensed Company		\$ 10.00	
PORTABLE FIRE EXTINGUISHERS LAWS AND REGULATIONS (Hand Book)		\$ 10.00	
FIREWORKS-All Special Effects Licensees		\$ 10.00	
FIREWORKS-All Basic Commercial Licensees		\$ 10.00	
FIREWORKS-All Theatrical, Trainee and Performer Licensees		\$ 10.00	
FIREWORKS-all 3 Fireworks Program Printouts Listed Above		\$ 25.00	
EXCERPTS OF LAWS AND REGULATIONS RELATING TO FIREWORKS		\$ 10.00	
FLAME RETARDANTS-All Registered Fabrics		\$ 10.00	
FLAME RETARDANTS-All Registered Chemicals		\$ 10.00	
FLAME RETARDANTS-All Licensed General Applicators		\$ 10.00	
FLAME RETARDANTS-All 3 FR Program Printouts Listed Above		\$ 25.00	
FLAME RETARDANTS-All Licensed Limited Applicators		\$ 15.00	
EXCERPTS OF LAWS AND REGULATIONS RELATING TO FLAME RETARDANTS		\$ 10.00	
Handling and Postage		Included	Included

TOTAL ORDER			
--------------------	--	--	--

Order must be accompanied by a check or money order payable to **California State Fire Marshal**. Allow 4 weeks for processing. Custom or special printouts may be available. Please call for availability and price quote. Send Check/Money Order and this form to:

**California State Fire Marshal
Cashier Unit/Fire Ext Program
P.O. Box 944246
Sacramento, CA 94244-2460**

STATE OF CALIFORNIA — THE RESOURCES AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

Portable Fire Extinguisher Program

P.O. Box 944246
Sacramento, CA 94244-2460

office (916) 445-8376

FAX: (916) 445-8458

Web Site: www.fire.ca.gov



July 2000

SUBJECT: REVISED FEDERAL HYDROSTATIC REQUIREMENTS

The Federal Department of Transportation has amended the Code of Federal Regulations (49 CFR) pertaining to the maintenance and re-qualification of DOT specification and exemption cylinders used for the transportation of compressed gases in commerce.

Low-pressure cylinders are either DOT specification cylinders, or non-DOT specification cylinders. To perform hydrostatic services on low-pressure dry chemical and dry powder extinguishers, a company must possess a type "D" license issued by the Office of the State Fire Marshal (SFM). A condition of receiving and maintaining a type "D" license is to have the necessary equipment, supplies and experience to perform the hydrostatic services on low pressure dry chemical and dry powder extinguishers. A type "D" company must also apply for and receive a valid DOT Re-tester Identification Number (RIN) in order to perform the hydrostatic testing on DOT specification cylinders. A Company possessing a type "D" license as well as a valid RIN, may perform the hydrostatic testing on DOT specification low-pressure cylinders.

DOT specification cylinders used for fire extinguishers are marked (stamped) in compliance with the requirements contained in 49 CFR. The DOT specification will be stamped into the crown or foot ring of the cylinder followed by the service pressure. The more common DOT specification and service pressure markings found on low-pressure fire extinguishers are as follow:

4B195

4B240ET

The SFM has been informed that DOT actively enforces compliance with the DOT regulations. DOT inspectors are assigned to enforce these regulations in California and the fines for violations are usually severe. Any violation of DOT regulations would also be enforced by the SFM, and the Authority Having Jurisdiction (AHJ).

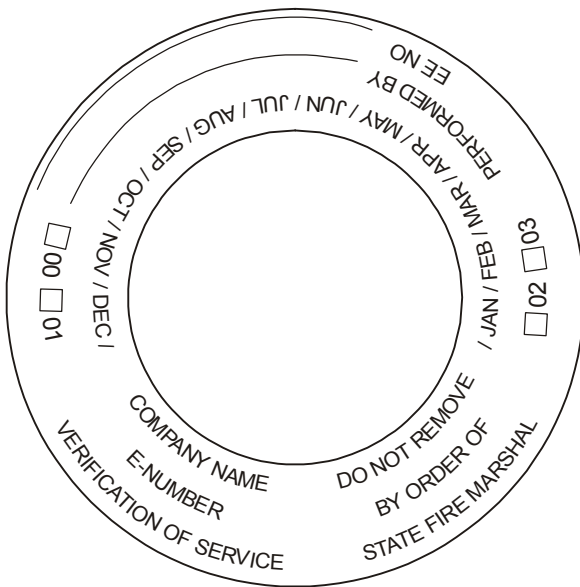
To obtain a DOT RIN, send a written request for registration to the Approvals Office of the Department of Transportation at:

U.S. Department of Transportation /Approvals, DHM-32
Office of Hazardous Materials Exemption and Approval
400 7th Street, S.W.
Washington, D.C. 20590

Upon receipt of the written request, the Approvals office will send you a copy of the procedure for

registration, a list of approved Independent Inspection Agencies (Agency), a list of minimum requirements, and an application form. Once you have been inspected by and received a letter of recommendation from the Independent Inspections Agency, you will submit a completed application with the letter of recommendation to the Approvals office for consideration. If you are successful, the Approvals office will send you a RIN, which is valid for five years.

Collar ring specification requirements as of April 1, 2002



VERIFICATION OF SERVICE COLLAR

DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL

Type

REGISTERED

EE _____
(Cert. Reg. No.)

(Signature)

Name and Address of Firm

ANNUAL MAINTENANCE PERFORMED ☐

NEW EXTINGUISHER ☐

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

2001 2002 2003 2004 2005

ANNUAL MAINTENANCE TAG

2001		2002		2003		2004		2005			
1	2	3	4	5	6	7	8	9	10	11	12
CONCERN NAME											
ADDRESS											
E-NUMBER											
RIN											
HYDROSTATICALLY TESTED AT P.S.I. <input type="checkbox"/> S - MODIFIED TEST											
1	2	3	4	5	6	7	8	9	0		
1	2	3	4	5	6	7	8	9	0		
1	2	3	4	5	6	7	8	9	0		

2001		2002		2003		2004		2005			
1	2	3	4	5	6	7	8	9	10	11	12
CONCERN NAME											
ADDRESS											
E-NUMBER											
HYDROSTATICALLY TESTED AT P.S.I.											
1	2	3	4	5	6	7	8	9	0		
1	2	3	4	5	6	7	8	9	0		
1	2	3	4	5	6	7	8	9	0		